



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOWARD REGIONAL HEALTH

City of Hospital: Kokomo

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Julie Pena

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Medicare Provider Number: 15-0007

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$143450100
Outpatient Patient Service Revenue	\$292504212
Total Gross Patient Service Revenue	\$435954312

2. Deductions From Revenue

Contractual Allowance	\$315948731
Other Deductions	\$9968230
Total Deductions	\$325916961

3. Total Operating Revenue

Net Patient Service Revenue	\$110037351
Other Operating Revenue	\$7681309
Total Operating Revenue	\$117718660

4. Operating Expenses

Salaries and Wages	\$38032399	Employee Benefits	\$9056070
Depreciation and Amortization	\$19713897	Interest Expense	\$1414772
Bad Debt	\$0	Other Expenses	\$56283453
Total Operating Expenses	\$124500591		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6781931	Total Assets	\$110607342
Net Non-operating Gains over Loss	\$3437680	Total Liabilities	\$10441699

Total Net Gains	\$-3344251
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$218833218	\$183507525	\$35325693
Medicaid	\$80564591	\$67714046	\$12850545
Other Government	\$10499794	\$8030917	\$2468877
Other State	\$0	\$0	\$0
Other Payers	\$126056709	\$66664473	\$59392236
Total	\$435954312	\$325916961	\$110037351

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$9591	\$0	\$9591

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$30192	\$-30192
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	555
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$679910
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3095770	
HCI Payments	\$0		
Subtotal	\$0	\$3095770	\$-3095770
Medicaid Shortfalls	\$12850545	\$23007776	
Subtotal	\$12850545	\$26103546	\$-13253001
DSH Payments	\$0		
Subtotal	\$12850545	\$26103546	\$-13253001
Medicare Shortfalls	\$35325693	\$62494771	
Other Government Programs	\$2468877	\$2998549	
Total	\$50645115	\$91596866	\$-40951751

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$165916	\$-165916
Other Allocations	\$0	\$0	\$0

Comments

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